

ETHICS DISCLOSURE STATEMENT CONFLICTS OF INTEREST — DECISIONS AND VOTING

State Form 55860 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL.
IC 4-2-6-9

AUG 0 9 2019

FILED

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website. Name (last) Name (first) Name (middle) Nafziger Alecia Job title Name of office or agency Associate Commissioner and CFO Indiana Commission for Higher Education Address of office (number and street) City ZIP code 101 W Ohio Street, Suite 300 Indianapolis 46204 Office telephone number Office e-mail address (required) (317) 232-1025 anafziger@che.in.gov Describe the conflict of interest: Alecia has recently applied for the position of Director of State Relations and Policy Analysis with Indiana University. Currently, she serves as the Associate Commissioner and CFO for the Indiana Commission for Higher Education. In her role with the Commission, she is one of two authorized signatories. Additionally, she is the ethics officer for the

Describe the screen established by your ethics officer: (Attach additional pages as needed.) As a result, she will be screening herself out of signing and being involved in an contracts, agreements, MOUs,
grants, etc. that the agency enters into with any Indiana University campus. Any contracts or agreements entered into be-
tween IU and the Commissioner will be signed by the Commissioner during her transition.
Additionally, a letter from the Commissioner of CHE, Teresa Lubbers, with be forthcoming removing Alecia as the
agency's ethics officer and appointing a new ethics officer.
- AFFIRMATION
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.
Signature of state officer, employee or special state appointee Date signed (month, day, year) 8/9//9
Printed full name of state officer, employee or special state appointee Alecia Nafziger
FOR ETHICS OFFICER USE ONLY
Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.
Signature of ethics officer Date signed (month, day, year) 8/9/19
Printed full name of ethics officer Alecia Nafziger

Baker, Nathaniel P

From:

Nafziger, Alecia (CHE)

Sent:

Friday, August 9, 2019 3:37 PM

To:

Lubbers, Teresa (CHE)

Subject:

OIG Disclosure Form

Attachments:

Disclosure Form - Alecia Nafziger signed.pdf

Commissioner,

Attached is my disclosure form that I will be sending to the Inspector General's Office. This is for your files.

Thanks,

Alecia Nafziger

Associate Commissioner and CFO
Indiana Commission for Higher Education
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